

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012783

STATE FILE NUMBER

APR 28 1959

Registration District No. 096

Primary Registration District No.

Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Buffalo, TOWN		c. CITY OR TOWN Buffalo 0.300 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Franklin St.		d. STREET ADDRESS (If outside, give location) East Franklin St.	
Length of stay in lb 20 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Albert F. Breshears		4. DATE OF DEATH Month April Day 16 Year 1959	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 12, 1893
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 5 Days 4	
11. IF UNDER 24 HRS. Hours 2 Min.		12. CITIZEN OF WHAT COUNTRY? US	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Dallas County Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME J. P. Breshears		13b. MOTHER'S MAIDEN NAME Mary Gaunt	
14. NAME OF HUSBAND OR WIFE Emily Breshears		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 499 10 3794		17. INFORMANT Emily D. Breshears	
Address Buffalo, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) Atheroma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:15 Month 7 Day 55 Year 1955 a.m. PM		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Buffalo, Missouri		20f. COUNTY Dallas	
20g. STATE Missouri		20h. DATE OF INJURY 4/10/59	
21. I attended the deceased from Death occurred at 11:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE Joseph G. Bennett, D.O.	
22a. ADDRESS Buffalo, Missouri		22b. DATE SIGNED Apr. 17, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 19, 1959	
23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		23d. LOCATION (City, town, or county) (State) Dallas County Missouri	
24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo.		25. DATE RECD. BY LOCAL REG. 4/27/59	
26. REGISTRAR'S SIGNATURE Mrs. Vera Petree		27. DATE SIGNED 4/27/59	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms with no listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Vernon H. Viets, Student Embalmer No. 565..... working under my personal supervision.

Student

Vernon H. Viets
Signature of Student Embalmer

Signed

Blyde Montgomery

Licensed Embalmer No. 3582

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.